Witness Name: John F Dillon
Statement No: WITN4062001
Exhibits: WITN4062002
Dated: January 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF John F Dillon

I, John F Dillon, will say as follows: -

Response to: **Request for written statement and the production of documents and information Rule 9(1), 9(2) and 9(4) of the Inquiry Rules 2006. Part B Treatments for Hepatitis C virus and follow-up care**

1. **Name, address and role.**

My name is Prof John Dillon and I am based at the following work address:

Division of Molecular and Clinical Medicine,
School of Medicine, University of Dundee
Ninewells Hospital
Dundee
DD1 9SY

I am a consultant hepatologist and gastroenterologist with NHS Tayside and Professor of Hepatology and Gastroenterology at the University of Dundee. I am the clinical Lead for HCV in NHS Tayside. I am Chair of the viral hepatitis clinical leads group of the Scottish Government's blood virus and sexual health framework.

Part A: Provision of Psychological Support

There is no national or nationally organised, special specific psychological service for those affected by HCV infection. At health board level patients can be referred to the standard services as described in other statements. Depending on route of HCV transmission or presence other diseases, such as haemophilia, some patients may have access to special services available to those groups.

Part B: Treatments for Hepatitis C virus and follow-up care

6. **Please outline how hepatitis c (HCV) treatment is commissioned and funded in Scotland.**

HCV treatment is commissioned and funded by territorial NHS Boards in Scotland, using funding from the core grant they each receive from the Scottish Government. Funding for drugs is via the health board's existing drugs budgets, which are allocated from the budget given by Scottish Government. In addition, some moneys for treating and provision of care are provided via funding established by the Scottish HCV action plan, and these are allocated according to burden of hepatitis C in each health board.

The Scottish Government is committed to the effective elimination of HCV in Scotland by 2024. As a result, the Scottish Government has committed to increasing the number of people treated for HCV to at least 2,500 in 2019-20 and to at least 3,000 annually from 2020-21.

Health Protection Scotland and the Scottish Government's Treatment and Therapies Group determined that having no more than 5,000 people infected with HCV (currently around 21,000 people are estimated to be living with HCV in Scotland) and new annual presentations of HCV-related serious disease and death in single figures would meet the World Health Organisation (WHO) targets in the Scottish context.

Further details on plans for taking forward HCV elimination in Scotland and how this will be delivered are set out in 'Scotland's Hepatitis C Action Plan: Achievements of the First Decade and Proposals for a Scottish Government Strategy (2019) for the Elimination of both Infection and Disease - Taking Advantage of Outstanding New Therapies'

7. Please describe the current treatments that are available for HCV, their effectiveness and availability, including any restrictions and/or delays that may be experienced in accessing treatment.

All patients in Scotland have access to treatment with a direct acting antiviral regimen, irrespective of stage of disease or route of infection. All SMC licensed therapies are available, the choice of drug being based on cost and individual patient characteristics, such as previous treatment history and liver function. These cure at least 95% of those treated, with the small number failing treatment eligible for second line treatments that cure 90%+ of patients. It is extremely rare for someone's hepatitis C not to be cured. The individual regimen preferred as first line varies according to tendering undertaken by national procurement, however only interferon free regimens with a minimum cure rate of 90% are considered (and as above, first line treatments selected have had cure rates in excess of 95% for several years).There are currently no waiting lists for treatment in Scotland.

8. What scans, blood tests and/or other checks and/or monitoring are, or should be, offered to a person who has been diagnosed with HCV, how often and over what period of time?

These have changed and continue to change radically and are continually updated in National and international guidelines as new evidence emerges. In summary, a person diagnosed with hepatitis C should have either bloods (liver function tests and full blood count to calculate a FIB4 score or other estimate of fibrosis) or an imaging based assessment (e.g. fibroscan) to stage their disease. Those who don't have evidence of cirrhosis may be treated, and a blood test obtained at 12 or 24 weeks post treatment to confirm success and then discharged. Those with evidence of cirrhosis should be treated and remain under 6 monthly review to screen for complications of cirrhosis, in particular Hepatocellular carcinoma (with 6 monthly hepatic ultrasounds and estimations of alpha feto-protein) and gastrointestinal varices (3 yearly upper gastrointestinal endoscopy).

9. Following successful treatment, such that the person has received a sustained virological response (SVR), what follow up scans, blood tests and/or other checks and/or monitoring are or should be offered, how often and over what period of time?

Again this area has changed considerably due to the development of the evidence base, especially around the confidence that SVR is a marker of HCV cure, thus the need for long term follow up has been removed for most patients. As described above in question 8, follow up depends on the degree of liver damage, those with cirrhosis needing follow up.

Statement of Truth

I believe that the facts stated in this written statement are true.

Signed GRO-C

Dated 23/01/2020